FAQs - Electronic Prescribing - Prescriber

General

Question: What is electronic prescribing?

Question: Why am I being required to send prescriptions electronically?

Question: Can prescriptions still be called into a pharmacy?

Question: As a prescriber, I am wondering who is going to decide if you meet one of the exemptions? And when will that be decided? Can we still call in rx's, and will that be held up till someone decides its "OK" and meets the exemptions?? Will each provider get so many exemptions a month?

Exemptions for Prescriptions

Question: What types of prescriptions are exempt from the electronic transmission mandate?

Question: What does "emergency situation" mean?

Question: Does a prescription for oxygen or other medical gas have to be transmitted electronically?

Question: Does the new law on e-prescribing include written prescriptions for x-rays or treadmills to be completed outside of our office? We are not a treating clinic so we do not prescribe medications.

Question: Are facilities that house adjudicated Juvenile delinquent exempt from doing e-prescribing. Are we under the umbrella for a correctional facility or jail?

Question: Does the mandate for e-prescribing apply to dialysis facilities?

Care Facility

Question: Are prescriptions issued for a care facility patient required to be transmitted electronically as of January 1, 2020?

Question: Does the nursing facility (after 1/1/20) have to send an electronic prescription for their discharge medications (the resident will technically be in the NF until after the order is written)?

Question: Does the nursing facility have to check the PMP when prescribing their resident's discharge medications to home (again, the resident will technically be in the NF until after the order is written).

Question: Regarding post hospital discharge to a skilled nursing facility. These patients are given a paper script for controlled substances by the hospitalists, even if they are a home medication as the SNFs have their own preferred pharmacy or will dispense directly from the facility.

Question: Do SNFs / rehab facilities fall under the exemption for "Prescriptions for a patient residing in a nursing home, long-term care facility, correctional facility, or jail?"?

Cost

Question: How expensive is e-prescribing to set up?

Exemptions for Providers

Question: For small doctor / dental offices (single practitioner) other than the free app, is there any other assistance for electronic equipment that they will have to purchase to be compliant? Some of these offices write only five or six prescriptions a year.

Question: If a petition application seeks a waiver for financial hardship, which tax return is needed?

Question: What if I forget my phone at home?

Question: If a non-electronic prescription is issued under one of the exemptions, does the prescriber need to notate which exemption he/she is operating under?

Question: Can patients request a paper prescription for non-scheduled medications so that they can shop around for the best price.

Question: We are a small private college with an on-campus health clinic with contracted providers that come to campus. With our current model, we have providers write on paper prescription pads and we fax to our local pharmacies that deliver to campus/Health Service. How might we qualify for an exemption due to the fact that we do not yet have the capability to transmit prescriptions electronically at this time.

Hospice

Question: Our facility is not licensed as a nursing home or long-term care facility but rather provides general inpatient, respite and routine hospice care. Are controlled substances prescribed to patients in this facility excluded from the EPCS mandate?

Hospital

Question: Does the electronic transmission mandate apply to hospital pharmacy?

Question: How should a critical access hospital that uses locum tenens providers handle the e-prescribing mandate? Sometimes the facility does not have control over which provider is sent, and it can take 5-7 days to get a provider permissions to use the hospital system.

InstyMeds

Question: Does a practitioner's prescribing through the InstyMeds machine meet the electronic transmission mandate?

Non-Resident

Question: Does the electronic transmission mandate apply to a prescriber who is out of state?

Penalties

Question: What are the penalties for noncompliance with the electronic transmission mandate?

Refills

Question: If a person has a prescription at a pharmacy with refills already from 2019, will they need an entirely new prescription in 2020 or can they use the refills already prescribed?

Collaborative Practice Agreements

Question: Under a collaborative care agreement can the prescription be called in under the medical director for the clinic or should it be called in under the actual referring prescriber?

Question: If in a clinic with physician/pharmacist agreement, can a referral come from a P-AC or an ARNP?

General

Question: What is electronic prescribing?

<u>Answer:</u> Electronic prescribing describes the transmission of a prescription to a pharmacy via a secure electronic portal. Electronic prescribing does NOT include faxing a prescription image to the pharmacy.

Question: Why am I being required to send prescriptions electronically?

<u>Answer:</u> HF2377, which was passed by the Iowa House and Senate and signed into law by Governor Reynolds in 2018, mandates the electronic transmission of all prescriptions beginning January 1, 2020.

Question: Can prescriptions still be called into a pharmacy?

<u>Answer:</u> Unless an authorized prescription is issued pursuant to an exemption as outlined by the legislature, the prescription must be submitted to a pharmacy through an electronic prescribing platform. Prescriptions that are written in violation of the electronic prescribing mandate are still valid prescriptions and may be filled by pharmacists. However, violating the mandate may result in a fine to the prescriber of \$250 per occurrence.

Question: As a prescriber, I am wondering who is going to decide if you meet one of the exemptions? And when will that be decided? Can we still call in rx's, and will that be held up till someone decides its "OK" and meets the exemptions?? Will each provider get so many exemptions a month?

<u>Answer:</u> It is up to the individual prescriber to determine whether or not a particular situation or scenario fits within any of the many codified exemptions within the e-prescribing mandate. A pharmacist may fill an otherwise valid prescription regardless of the method of transmission. The pharmacist does, however, have a professional responsibility to report any suspected violations of the e-prescribing mandate to the Board or the practitioner's primary licensing board. It will then be up to the prescriber's primary licensing board to assess the penalty and enforce the e-prescribing mandate. You may need to explain your use of an exemption to your professional licensing board if requested.

Return to table of contents

Exemptions for Prescriptions

Question: What types of prescriptions are exempt from the electronic transmission mandate?

Answer: Iowa Code 155A.27 and 124.308 exempt prescriptions:

- 1. For a patient residing in a nursing home, long-term care facility, correctional facility, or jail
- 2. Authorized by a licensed veterinarian
- 3. For devices
- 4. Dispensed by a department of Veterans Affairs pharmacy
- 5. Requiring information that makes electronic transmission impractical, such as complicated or lengthy directions for use or attachments
- 6. For compounded preparations containing two or more components
- 7. Issued in response to a public health emergency in a situation where a non-patient specific prescription would be permitted
- 8. Issued for an opioid antagonist pursuant to Iowa Code section 135.190 or issued for epinephrine pursuant to Iowa Code section 135.185
- Issued during a temporary technical or electronic failure at the location of the prescriber or pharmacy, provided that the prescription indicates the temporary technical or electronic failure
- 10. Issued pursuant to a collaborative practice agreement, standing order, drug research protocol
- 11. Issued in an emergency situation

Question: What does "emergency situation" mean?

<u>Answer</u>: An emergency situation may include, but is not limited to, the issuance of a prescription to meet the immediate care need of a patient after hours when a prescriber is unable to access electronic prescribing capabilities. Such prescription shall be limited to a quantity sufficient to meet the acute need of the patient with no authorized refills.

Question: Does a prescription for oxygen or other medical gas have to be transmitted electronically?

<u>Answer</u>: **It depends.** Iowa Code 155A.27 requires the electronic transmission of prescriptions for drugs to pharmacies. Since FDA defines medical gases as drugs, they would be subject to the mandate. However, if the prescription is being transmitted to a limited distributor for patient dispensing, the mandate would not apply.

Question: Does the new law on e-prescribing include written prescriptions for x-rays or treadmills to be completed outside of our office? We are not a treating clinic so we do not prescribe medications.

<u>Answer</u>: **No**. The e-prescribing mandate is found in Iowa Code 155A (practice of pharmacy) and Iowa Code 124, Iowa's Controlled Substances Act. Therefore, orders for tests or x-rays would not be included in the mandate.

Question: Are facilities that house adjudicated Juvenile delinquent exempt from doing e-prescribing. Are we under the umbrella for a correctional facility or jail?

Answer: Yes

Question: Does the mandate for e-prescribing apply to dialysis facilities?

<u>Answer:</u> The e-prescribing mandate, which goes into effect January 1, 2020, requires that all prescriptions be transmitted electronically to a pharmacy, unless the prescription falls within one of the enumerated exceptions.

Any drug that is administered to a patient at an outpatient dialysis center in lowa does not require transmission of a prescription; therefore, the e-prescribing mandate is not implicated for these administrations. The term drug includes hypertonic and isotonic fluids.

Beginning in 2020, if a dialysis patient is prescribed a medication that will be dispensed at a pharmacy, the prescriber will be required to transmit that prescription to the pharmacy electronically, unless one of the exceptions is applicable.

Return to table of contents

Care Facility

Question: Are prescriptions issued for a care facility patient required to be transmitted electronically as of January 1, 2020?

<u>Answer</u>: No. Iowa Code 155A.27 exempts from the electronic transmission mandate prescriptions issued for patients residing in a nursing home, long-term care facility, correctional facility, or jail. <u>The Iowa Dept of Aging</u> identifies Assisted Living facilities as "long-term care."

Question: Does the nursing facility (after 1/1/20) have to send an electronic prescription for their discharge medications (the resident will technically be in the NF until after the order is written)?

<u>Answer:</u> Yes. The prescriptions issued at discharge from a nursing facility are not contemplated or covered by codified exemptions.

Question: Does the nursing facility have to check the PMP when prescribing their resident's discharge medications to home (again, the resident will technically be in the NF until after the order is written).

<u>Answer</u>: Mandated PMP utilization is governed by the prescriber's primary licensing Board. Therefore, this question would be most appropriately addressed by the individual practitioner's licensing Board.

Question: Regarding post hospital discharge to a skilled nursing facility. These patients are given a paper script for controlled substances by the hospitalists, even if they are a home medication as the SNFs have their own preferred pharmacy or will dispense directly from the facility.

Answer: They are a nursing home patient and are exempt.

Question: Do SNFs / rehab facilities fall under the exemption for "Prescriptions for a patient residing in a nursing home, long-term care facility, correctional facility, or jail?"?

Answer: Yes

Return to table of contents

Cost

Question: How expensive is e-prescribing to set up?

<u>Answer</u>: The cost to set up and use an electronic prescribing system varies by vendor and contract. Information about some vendors can be found <u>here</u>. This is not an all-inclusive list and the Board does not endorse any particular vendor. In addition, the Board is aware of a smart device app that is currently free for prescribers called "<u>iprescribe</u>" by DrFirst that may meet the needs of prescribers.

Return to table of contents

Exemptions for Providers

Question: For small doctor / dental offices (single practitioner) other than the free app, is there any other assistance for electronic equipment that they will have to purchase to be compliant? Some of these offices write only five or six prescriptions a year.

<u>Answer</u>: There are currently no explicit exemptions for low-volume prescribers. There are multiple services available for e-prescribing solutions. A list of vendors that have responded to a request for information by the Board of Pharmacy may be found on the <u>Board's website</u>. In addition, the Board is aware of a smart device app that is currently free for prescribers called "iprescribe" by DrFirst that may meet the needs of prescribers.

Question: How will the Board respond to applicants who have submitted the petition for exemption?

<u>Answer</u>: The Board will respond to petitions for exemption with both an email and letter after the petitions have been reviewed.

Question: If a petition application seeks a waiver for financial hardship, which tax return is needed?

<u>Answer</u>: Depends on the petitioner. If the exemption is for an individual practitioner, the individual practitioner's tax return is needed. If the exemption is for a clinic/practice, the clinic/practice tax return is needed. Specifically, the Board needs the portion of the tax return that shows the petitioner's adjusted gross income.

Question: What if I forget my phone at home?

<u>Answer</u>: A prescription issued during a temporary technical or electronic failure at the location of the prescriber or pharmacy, provided that a prescription issued pursuant to this paragraph shall indicate on the prescription that the prescriber or pharmacy is experiencing a temporary technical or electronic failure.

Question: If a non-electronic prescription is issued under one of the exemptions, does the prescriber need to notate which exemption he/she is operating under?

<u>Answer:</u> If a prescription is issued under the temporary electronic failure, it must be notated on the prescription. For other exemptions, it is recommended (but not required) to note the specific exemption on the prescription.

Question: Can patients request a paper prescription for non-scheduled medications so that they can shop around for the best price.

<u>Answer</u>: The scenario provided is not listed as a codified exemption to the e-prescribing mandate. The prescription could be e-prescribed to the patient's primary pharmacy or the pharmacy of the patient's choice with a note to the pharmacy stating "contact patient with price prior to filling." Then the patient can obtain the pricing information and shop around for a better price. The patient may transfer the electronic prescription for non-controlled medication to the pharmacy of his/her choice.

Question: We are a small private college with an on-campus health clinic with contracted providers that come to campus. With our current model, we have providers write on paper prescription pads and we fax to our local pharmacies that deliver to campus/Health Service. How might we qualify for an exemption due to the fact that we do not yet have the capability to transmit prescriptions electronically at this time.

<u>Answer:</u> The mandate applies. If you wish to be exempt you may submit a petition for the board's consideration.

Return to table of contents

<u>Hospice</u>

Question: Our facility is not licensed as a nursing home or long-term care facility but rather provides general inpatient, respite and routine hospice care. Are controlled substances prescribed to patients in this facility excluded from the EPCS mandate?

<u>Answer</u>: **Yes**. The law does not require state licensure of a facility to fall under the exemptions to the electronic prescribing mandate. An inpatient hospice facility could be treated the same as a care facility for the purpose of the mandate.

Return to table of contents

Hospital

Question: Does the electronic transmission mandate apply to hospital pharmacy?

Answer: It depends.

- Iowa Code 155A.27 and 124.308 require electronic transmission of "prescriptions." In the hospital setting, when prescribers issue medication "orders" for inpatient administration, they are not subject to the electronic transmission mandate.
- If the prescriber is issuing a prescription for the patient at discharge, for the patient to have the medication to self-administer in an ambulatory (i.e. home, not LTC, etc.) setting, then the prescription would be subject to the electronic transmission mandate.

Question: How should a critical access hospital that uses locum tenens providers handle the eprescribing mandate? Sometimes the facility does not have control over which provider is sent, and it can take 5-7 days to get a provider permissions to use the hospital system.

<u>Answer</u>: The onus is on the locums providers, and providers in general to ensure prescriptions are transmitted in a compliant manner. Best practice would be to ensure, when writing contracts with provider agencies, to require that a provider must be registered with your system before they are sent to provide coverage at your facility. If they have not completed the permissions process, they should bring some sort of mobile device that allows them to transmit the prescriptions in the required fashion.

Return to table of contents

InstyMeds

Question: Does a practitioner's prescribing through the InstyMeds machine meet the electronic transmission mandate?

Answer:

- If the InstyMeds (or whatever outpatient point-of-care automated dispensing system is in use) operates as prescriber dispensing, then there is no transmission of a prescription to a pharmacy and the e-prescribing mandate does not apply.
- If the InstyMeds (or other automated dispensing system) operates under a hospital pharmacy license, then the e-prescribing mandate does apply and sending prescriptions electronically to the InstyMeds (or other automated dispensing system) would satisfy the mandate. As it relates to controlled substances, the facility needs to verify with InstyMeds (or other automated dispensing system) that the electronic prescribing application or process complies with federal regulations for the electronic prescribing of controlled substances. InstyMeds (or other automated dispensing system) must be able to provide documentation that the system has been audited and deemed compliant with federal e-prescribing regulations.

Return to table of contents

Non-Resident

Question: Does the electronic transmission mandate apply to a prescriber who is out of state?

<u>Answer</u>: **It depends**. The mandate only applies when both the prescriber and the pharmacy are subject to lowa laws and rules.

- If the prescriber is located out of state and the lowa patient is treated in that state, the prescriber is not required to be licensed in lowa and, thus, not subject to the electronic mandate. The prescriber may issue a prescription in any lawful manner for the patient to be filled at a pharmacy of the patient's choice.
- If the prescriber is located out of state and treating the lowa patient while located in lowa (telemedicine or traveling provider), the prescriber is required to be licensed in lowa and would be subject to the electronic transmission mandate when submitting a prescription to an lowa-licensed pharmacy.

Return to table of contents

Penalties

Question: What are the penalties for noncompliance with the electronic transmission mandate?

<u>Answer</u>: The professional licensing board of the prescriber is authorized by Iowa law to administer a \$250 civil penalty for each instance of noncompliance (each prescription transmitted in violation), up to a maximum penalty of \$5,000 per year.

Return to table of contents

<u>Refills</u>

Question: If a person has a prescription at a pharmacy with refills already from 2019, will they need an entirely new prescription in 2020 or can they use the refills already prescribed?

<u>Answer</u>: A new prescription is not required in this scenario. All valid prescriptions existing prior to January 1, 2020 will remain valid. Iowa Code states that "Beginning January 1, 2020, every prescription *issued* for a prescription drug shall be transmitted electronically as an electronic prescription..."

Question: Is it possible to give refills electronically or will a new prescription need to be sent electronically every month?

Answer: The rules governing prescription refills have not changed.

- For noncontrolled medications, up to 12 refills may be included on a prescription which is valid for 18 months
- For controlled substances, you may issue up to five refills on schedule III-V controlled substances which are valid for up to six months. Schedule II controlled substances may not be refilled. However, you may issue up to three schedule II prescriptions at a time to be filled subsequently, noting earliest fill date on each.

Return to table of contents

Collaborative Practice Agreements

Question: Under a collaborative care agreement can the prescription be called in under the medical director for the clinic or should it be called in under the actual referring prescriber?

Answer: Collaborative practice agreements are specific to a physician's own patients. If a pharmacist is operating under a collaborative practice agreement authorized by a physician, the pharmacist may only treat or issue prescriptions under that provider's name for that provider's specific patients. The prescription should be called in under the name of the prescriber who is issuing the prescription. It cannot be called in under the medical director's name unless the medical director is treating the patient and has established a collaborative practice agreement with the pharmacist.

Question: If in a clinic with physician/pharmacist agreement, can a referral come from a P-AC or an ARNP?

<u>Answer:</u> No. Currently, rules do not permit collaborative practice agreements with any other practitioners. The agreements are limited to physicians only.

Return to table of contents